freeman, CPA PLLC
Financial Services for Your Business and Family

Date: __________

New Client Information – For Managing Investments

Client Information

Client Name: ____________________ Date of Birth: ____________________
Email Address: ____________________ Work Phone: ____________________
Occupation: ____________________ Cell Phone: ____________________
Current / Last Employer: ____________________ Social Security #: ____________________
Nature of Business: ____________________ Education Level: ____________________
Employment Length: ____________________ Last Year's Income: ____________________
Employer Address: ____________________ Mother's Maiden Name: ____________________

Spouse Information

Spouse Name: ____________________ Date of Birth: ____________________
Email Address: ____________________ Work Phone: ____________________
Occupation: ____________________ Cell Phone: ____________________
Current / Last Employer: ____________________ Social Security #: ____________________
Nature of Business: ____________________ Education Level: ____________________
Employment Length: ____________________ Last Year's Income: ____________________
Employer Address: ____________________ Mother's Maiden Name: ____________________

Additional Information

Home Address: ____________________ Home Phone: ____________________
City, State, Zip: ____________________ Bank Name: ____________________
Driver's License Number: ____________________ Bank Account Number: ____________________
Driver's License Expiration: ____________________ Bank Routing Number: ____________________

Services to provide (check all that apply):

- ☐ Advisory Investment Services
- ☐ Brokerage Investment Services
- ☐ Insurance & Annuity Services
- ☐ Cash Flow & Debt Management
- ☐ Family Risk Management
- ☐ Special Situations Planning
- ☐ Business Planning
- ☐ College Education Planning
- ☐ Retirement Planning
- ☐ Legacy Planning

Additional Notes / Questions / Concerns:

See Back Side

For Office Use Only:

___E-File Cabinet ___ACT ___Bill Quick ___Constant Contact ___Avantax

___Purple Fold (PROSP) ___ Green Folder (BK / DTF) ___ Yellow Folder (ADV) ___Pink Folder (INS / ANN)

New Client Information – For Managing Investments

Primary Beneficiary Information: (spouse, siblings, children, charity, trusts, etc.)

Beneficiary #1 Name: ____________ Social Security #: ____________ Birthdate: ____________
Addr./City/State/Zip: ____________ Phone #: ____________
Relation to Client: ____________ Designated % of Assets: ____________

Beneficiary #2 Name: ____________ Social Security #: ____________ Birthdate: ____________
Addr./City/State/Zip: ____________ Phone #: ____________
Relation to Client: ____________ Designated % of Assets: ____________

Beneficiary #3 Name: ____________ Social Security #: ____________ Birthdate: ____________
Addr./City/State/Zip: ____________ Phone #: ____________
Relation to Client: ____________ Designated % of Assets: ____________

Beneficiary #4 Name: ____________ Social Security #: ____________ Birthdate: ____________
Addr./City/State/Zip: ____________ Phone #: ____________
Relation to Client: ____________ Designated % of Assets: ____________

****You Must Check One Box Below:**

If any primary beneficiary is not alive when the last surviving account owner dies, or if that primary beneficiary disclaims his/her interest, his/her share shall be distributed as follows:

- ☐ To the remaining beneficiary(ies) on a pro rata basis (proportionate to the designated percentages)
- ☐ To the applicable contingent beneficiary(ies) designated in the Contingent Beneficiary Designation section below
- ☐ To the last surviving account owner's estate
- ☐ To the heirs of the pre-deceased / disclaimed primary beneficiary(ies) per stirpes. (Read detailed explanation below)

Contingent Beneficiary Information: (these are backup beneficiaries to primary beneficiaries)

Contingent #1 Name: ____________ Social Security #: ____________ Birthdate: ____________
Address: ____________ City / State / Zip: ____________ Phone #: ____________
Contingent to Primary Beneficiary #: ____________ Designated % of Primary Beneficiary Share: ____________
Relation to Client: ____________

Contingent #2 Name: ____________ Social Security #: ____________ D.O.B.: ____________
Address: ____________ City / State / Zip: ____________ Phone #: ____________
Contingent to Primary Beneficiary #: ____________ Designated % of Primary Beneficiary Share: ____________
Relation to Client: ____________

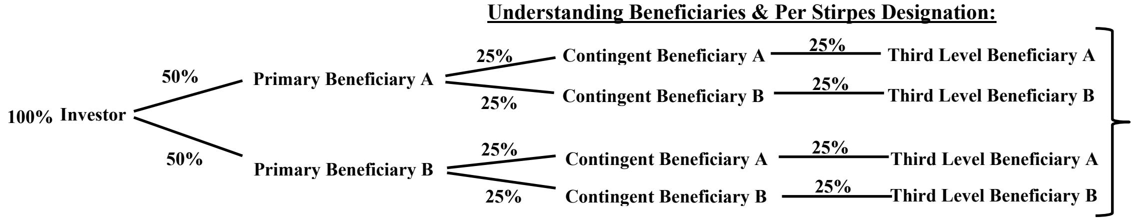
Contingent #3 Name: ____________ Social Security #: ____________ D.O.B.: ____________
Address: ____________ City / State / Zip: ____________ Phone #: ____________
Contingent to Primary Beneficiary #: ____________ Designated % of Primary Beneficiary Share: ____________
Relation to Client: ____________

Contingent #4 Name: ____________ Social Security #: ____________ D.O.B.: ____________
Address: ____________ City / State / Zip: ____________ Phone #: ____________
Contingent to Primary Beneficiary #: ____________ Designated % of Primary Beneficiary Share: ____________
Relation to Client: ____________

*****Optional Per Stirpes Designation:**

☐ Check this box only if you would like to designate the contingent beneficiary(ies) named in this section to share in the account per stirpes. "Per Stirpes" means if any contingent beneficiary is not alive assets transfer to him/her, or if that contingent beneficiary(ies) disclaims his/her interest, his/her share shall pass to his/her descendants evenly proportioned (Ex: 50% each would be designated if you have two descendants)

Understanding Beneficiaries & Per Stirpes Designation:



Per Stirpes allows the third level beneficiaries to receive the proportionate interest of the contingent beneficiaries. No Per Stirpes mans if a contingent dies or forgoes his/her interest, the other contingents get the leftover interest instead of the third level beneficiaries.